

*******THIS IS NOT A REQUEST FOR PROPOSAL*******



IOWA DEPARTMENT OF PUBLIC HEALTH

**DIVISION OF HEALTH PROMOTION AND CHRONIC DISEASE
PREVENTION**

**REQUEST FOR INFORMATION
for**

**ORGANIZATIONAL PROFILES TO INFORM
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH),
I-SMILE™,
1st FIVE HEALTHY MENTAL DEVELOPMENT, AND
WIC SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN,
INFANTS, AND CHILDREN (WIC)
PROGRAMS**

*******THIS IS NOT A REQUEST FOR PROPOSAL*******

Table of Contents

Section 1 PURPOSE, BACKGROUND, AND ADMINISTRATIVE INFORMATION

- 1.1 Purpose
- 1.2 Background Information for the Project
- 1.3 Relevant Dates
- 1.4 Submission of Response
- 1.5 Contact Information
- 1.6 Administrative Matters
- 1.7 Review and Rejection of RFI Responses
- 1.8 Public Records and Requests for Confidentiality
- 1.9 Copyrights
- 1.10 Restrictions on Gifts and Activities
- 1.11 Cost to Interested Party
- 1.12 Responses / Property of Department
- 1.13 Source of Information Used in Addition to the Responses
- 1.14 No Obligation to Issue Request For Proposal
- 1.15 Interested Party Responses Identifying Information

Section 2 INFORMATION SOUGHT

Appendices

- Appendix A – Urban and Rural County Designations for Iowa Counties
- Appendix B – Title V Maternal and Child & Adolescent Health Program
- Appendix C – I-Smile™ Program
- Appendix D – 1st Five Healthy Mental Development Initiative
- Appendix E – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Appendix F - RFI Response Template (Microsoft Word)

SECTION 1: PURPOSE, BACKGROUND, AND ADMINISTRATIVE INFORMATION

1.1 Purpose.

The Iowa Department of Public Health, hereafter known as the Department, is seeking information from interested parties who are interested in providing or partnering with Maternal, Child and Adolescent Health (MCAH); I-Smile™; Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and 1st Five services in Iowa.

The purpose of this Request for Information (RFI) is to allow all interested parties to provide the department with information to assist the department in preparation of Request for Proposals (RFP) for the programs listed above.

The Department is interested in learning more about organization interest and capacity to provide, partner or outreach for the programs listed above. To address equity needs of the diverse populations within the state, the Department is interested in learning more about the statewide provider landscape to meet the needs of various populations with a focus on reducing health disparities within the state.

1.2 Background Information for the Project.

Information on your specific agency or organization is requested. The Department is particularly interested in your organization's current capacity for and interest in providing services or collaborating for the following programs:

- MCAH
- I-Smile™
- 1st Five Healthy Mental Development
- WIC

Appendices B-E provide overviews of the work and services for each program.

Appendix F - RFI Response is provided for each respondent to complete and submit in for this RFI. Respondents may submit their response through the online Google Form at <https://forms.gle/MQjYez5djA5biUEcA>

1.3 Relevant Dates

Event	Date
Issue RFI	May 18, 2021
RFI Responses Due	June 15, 2021 by 4:00 PM Local Iowa Time
Respondent Conversations	June 21, 2021-July 9, 2021

1.4 Submission of Response

This request requires any interested party wishing to submit information to respond to this Request for Information (RFI) by 4:00 p.m., local Iowa time, on **June 15, 2021**.

The interested party's response may be completed online through the [Google Form](#) (preferred), hand-delivered, faxed, e-mailed, or mailed to the Department. Responses will not be accepted over the telephone. However, the Department reserves the right to make telephone contacts or follow up on information submitted in any manner deemed appropriate by the Department.

1.5 Contact Information

The contact at the Department for technical questions and submission of responses will be:

Name of IDPH Contact:	Abby Halderson
Department Address:	Bureau of Family Health IDPH 321 East 12 th Street Des Moines, IA 50319
Email Address:	MCH@idph.iowa.gov
Fax Number:	515-725-1760
Google Form Link:	https://forms.gle/MQjYez5djA5biUEcA

1.6 Administrative Matters

1.6.1 This RFI is designed to provide interested parties with the information necessary for the preparation of an appropriate response. It is not intended to be comprehensive, and each interest party is responsible for determining all factors necessary for submission of a comprehensive response.

1.6.2 The Department reserves the right to modify this RFI at any time.

1.6.3 Responses should be based on the material contained in this RFI or any other relevant information the interested party thinks is appropriate.

1.6.4 By submitting a response each interested party agrees that it will not bring any claim or have any cause of action against the Department, the State of Iowa, or any employee of the Department or the State, based on any misunderstanding concerning the information provided or concerning the Department's failure, negligent or otherwise, to provide the interested party with pertinent information as intended by this RFI.

1.7 Review and Rejection of RFI Responses

1.7.1 The Department reserves the right to reject any and all responses, in whole and in part, received in response to this RFI at any time.

1.7.2 An RFI response may be rejected outright and not reviewed for failure of the interested party to deliver the response by the due date. Therefore interested parties are asked to make every effort to meet the RFI timelines and to include the requested information.

1.7.3 An RFI response will not be subject to a RFP type of evaluation but only a review of information in the RFI.

1.8 Public Records and Requests for Confidentiality

1.8.1 The release of information by the Department to the public is subject to Iowa Code Chapter 22 and other applicable provisions of law relating to the release of records in the possession of a State agency. Interested parties are encouraged to familiarize themselves with these provisions prior to submitting a RFI response. All information submitted by an interested party may be treated as public information by the Department unless the interested party properly requests that information be treated as confidential at the time of submitting the response.

1.8.2 Any requests for confidential treatment of information must be included in a cover letter with the interested party's RFI response and must enumerate the specific grounds in Iowa Code Chapter 22 or other legal reasons which support treatment of the material as confidential and must indicate why disclosure is not in the best interests of the public. The request must also include the name, address and telephone number of the person authorized by the interested party to respond to any inquiries by the Department concerning the confidential status of the materials.

1.8.3 Any documents submitted which contain confidential information must be marked on the outside as containing confidential information, and each page upon which confidential information appears must be marked as containing confidential information. The confidential information must be clearly identifiable to the reader wherever it appears. All copies of the proposal submitted, as well as the original proposal, must be marked in this manner.

1.8.4 In addition to marking the material as confidential material where it appears, the interested party must submit one copy of the RFI response from which the confidential information has been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the document as

possible. These pages must be submitted with the cover letter and will be made available for public inspection.

1.8.5 The interested party's failure to request in the RFI response confidential treatment of material pursuant to this Section and the relevant laws and administrative rules will be deemed by the Department as a waiver of any right to confidentiality which the interested party may have had.

1.9 Copyrights

By submitting a response the interested party agrees that the Department may copy the response for purposes of facilitating the internal review of the information or to respond to requests for public records. The interested party represents that such copying will not violate any copyrights in the materials submitted.

1.10 Restrictions on Gifts and Activities

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Interested parties are responsible for determining the applicability of this chapter to their activities and for complying with these requirements. In addition, Iowa Code chapter 722.1 provides that it is a felony offense to bribe a public official.

1.11 Cost to Interested Party

The Department is not responsible for any costs incurred by an interested party which are related to the preparation or delivery of the response, any on-site inspection that may be required, or any other activities related to this RFI.

1.12 Responses / Property of Department

All printed information used in the interested party's response becomes the property of the Department. The Department will have the right to use ideas or adaptations of ideas that are presented in the responses.

1.13 Sources of Information Used by the Department in Addition to the Responses

The Department reserves the right to contact interested parties after the submission of responses for the purpose of clarification and to ensure mutual understanding.

1.14 No Obligation to Issue Request for Proposal (RFP) or Request for Bid (RFB)

The issuance of this RFI in no way constitutes a commitment by the Department to issue a RFP, RFB or contract for the project described in this RFI.

1.15 Interested Party Responses Identifying Information

1.15.1 State the name and principal place of business or residence of the interested party.

1.15.2 Identify the interested party's type of business organization/entity such as a corporation, partnership or educational institution.

1.15.3 State the interested party's state of incorporation, if applicable

1.15.4 State the name, address, email address, telephone number and FAX number of the interested party representative to contact regarding all technical matters concerning this RFI.

SECTION 2: INFORMATION SOUGHT

As mentioned above, the Department is interested in learning more about organization interest and capacity to provide, partner or outreach for the MCAH, I-Smile, 1st Five and WIC programs. To address equity needs of the diverse populations within the state, the Department is interested in learning more about the statewide provider landscape to meet the needs of various populations with a focus on reducing health disparities within the state.

The preferred response manner is via the Google Form at <https://forms.gle/MQjYez5djA5biUEcA>. If submitting your response to this RFI in another manner, please utilize Appendix F - RFI Response as an attachment for your response.

The appendices include additional information regarding program implementation expectations and requirements. Please refer to these documents prior to responding.

The agency/organization's response is divided into two sections: Agency Profile and Organizational Areas of Interest.

Agency Profile

- Agency/Organization Name:
- Address:
- Contact Information (Phone/Email) of Lead Official/Executive Director:
- Counties Served: [select from list of counties]
- Agency type:
 - Public agency (government)
 - Private/non-profit

- For profit
 - Other group type - please list (e.g. church group, fraternal organization, etc.)
- Total number of staff or volunteers that work for the agency (please include an Organizational Chart with your submission):
- We are interested in learning about the clients you serve and any specific populations you may specialize in serving. Please indicate each of the populations in which you specialize serving in your client population:
 - White, not Hispanic
 - Black, African American or African
 - Latino or Hispanic
 - Native American or Alaska Native
 - Asian or Pacific Islander
 - Multiracial
 - Refugee or Immigrant
 - Please specify specific populations:
 - Lesbian, gay, bisexual, transgender, queer, intersex plus (LGBTQI+)
 - Fathers or male guardians of children less than 18 years of age
 - People with disabilities
 - Low income
 - Urban families
 - Rural families
 - See Appendix A for list of Urban and Rural County Designations
 - Migrant workers
 - People experiencing homelessness
 - Other(s) – please specify:
- Is there anything else you would like to share with us regarding your specialization in service populations?
- Approximate # of clients/families served per year:
- In what ways do you provide services in languages other than English, including for Deaf or Hard of Hearing, (e.g. staff who speak additional languages, access to a language line, etc.):
- Please explain the type of services or work performed by your agency:
- Do you subcontract for any of the services you provide, and if so, please list the services:

Organizational Areas of Interest

For each program, indicate your organization/agency's interest in providing those services. Following your selection, respondents will be asked to provide a rationale for your selection and your interest in providing services beyond your current service area (if applicable).

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
WIC Services					
Breastfeeding Peer Counseling					
Maternal Health Services					
Child and Adolescent Health Services					
Oral Health Services					
I-Smile™ Services					
1st Five Healthy Mental					

Development Services					
-------------------------	--	--	--	--	--

Department staff may contact respondents to discuss responses to this RFI, ask clarifying questions, or request additional information. Department staff will contact the respondent between June 21, 2021 and July 9, 2021 to set up conversations if necessary.